



Justification for Absence of Spouse's or Domestic Partner's Signature

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

This form is to be used with Retirement Election Application

Section 1

Please include the month, day and year for all dates as follows: mm/dd/yyyy.

Member Information

Name of Member (First Name, Middle Initial, Last Name) _____ Social Security Number _____

Pursuant to Government Code Section 21261, the member's current spouse or legally recognized domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for retirement death benefits.

If a spouse or registered domestic partner's signature does not appear on one of the above-named documents, the following information must be completed by the member and submitted with the application for retirement.

Select either 1 or 2 and indicate specifics:

1. ☐ By checking this box, you indicate that you are not legally married or in a legal domestic partnership because:
 - ☐ Never married or never in legal domestic partnership.
 - ☐ Divorced/marriage annulled or domestic partnership terminated. _____ Date (mm/dd/yyyy)
 - ☐ Widowed. _____ Date (mm/dd/yyyy)
2. ☐ By checking this box, you indicate that you are married or have a registered domestic partner, but your spouse or domestic partner did not sign this form because:
 - ☐ You do not know and have taken all reasonable steps to determine the whereabouts of your spouse or domestic partner.
 - ☐ Your spouse or domestic partner has been advised of the application and has refused to sign the acknowledgment.
 - ☐ Your spouse or domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
 - ☐ Your spouse or domestic partner has no identifiable community property interest in the benefit.
 - ☐ Your spouse or domestic partner and you have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

Section 2

Information Certification

You hereby certify under the penalty of perjury that the foregoing information is true and correct.

Signature of Member _____ Date (mm/dd/yyyy) _____

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711